FILED

(941) 263-7700

Daytime Phone #

2/11/02

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Feb 27, 2002 8:00 am **Secretary of State** DOCUMENT # P01000080908 1. Entity Name 02-27-2002 90039 047 ***150.00 TROYER PUERTO RICO, INC. Principal Place of Business Mailing Address ATTN: VERNON J. TROYER ATTN: VERNON J. TROYER B0034204 14700 TROYER BROS. ROAD POST OFFICE BOX 599 FORT MYERS FL 33913 IMMOKALEE FL 34143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1131632 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUDD, DAVID G Street Address (P.O. Box Number is Not Acceptable) 3033 RIVIERA DRIVE SUITE 201 NAPLES FL 34103 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change XIX Addition CR2E034 (9/01 NAME TROYER, VERNON J NAME STREET ADDRESS STREET ADDRESS 14700 TROYER BROS. ROAD CITY-ST-7IP CITY-ST-ZIP FORT MYERS FL 33913 Delete TITLE TITLE ☐ Change 🔀 Addition NAME NAME David Troyer STREET ADDRESS STREET ADDRESS 14700 Troyer Brothers Road CITY-ST-ZIP CITY-ST-ZIP Fort Myers, FL 33913 _ Delete Change XX Addition TITLE TITLE NAME NAME Donald Troyer STREET ADDRESS STREET ADDRESS 14700 Troyer Brothers Road CITY-ST-ZIP CITY-ST-ZIP Fort Myers, FL 33913 TITLE ☐ Delete TITLE ☐ Change XX Addition NAME Jose Rivera STREET ADDRESS STREET ADDRESS 14700 Troyer Brothers Road CITY-ST-ZIP CITY-ST-ZIP Fort Myers, FL 33913 Delete TITLE Addition NAME David G. Budd STREET ADDRESS STREET ADDRESS 3033 Riviera Drive, Suite 201 CITY-ST-ZIP CITY-ST-ZIP Namles, FL 34103 Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if